

Derby Memorial Swimming Pool Learn to Swim Program 2025 Program

Student details										
Childs Name		Age	M/F	Date of birth	1	Medical condition	s Stage			
1.										
2.										
3.										
4.										
			<u>Emer</u>	gency Conta	<u>act</u>					
Main Caregivers Name										
Postal Address										
Main Contact Num	ber									
Main Contact Ema	il									
Emergency Contact Name					Cor	ntact Number				
Relationship to the										
			Locco	n Droforono	000					
		Please	·	on Preference be below your pre		ed day				
Day Preference	Ch	ild 1		Child 2		Child 3	Child 4			
1 st preference										
2 nd preference										
Term 1 - Program	1	Term 2	- Progra	am 🔲 1	erm	3 - Program	Term 4 - Program			
		<u> </u>	Risk Wa	iver & Declarat	ion:					
I, the undersigned, agree emergency, I authorize the during my child's particip	ne staff to arr	ange for my	child to re	eceive medical or		•	•			
I understand and acknown risks, accidents can still of and I accept these risks I have read and agree to	occur. I recog as a conditio	nize that all p n of my child	hysical a 's enrolm	activities, including ent.	g swi	mming, carry inherent ris	sks of personal injury,			
Applicants signature)					Date				
Derby					Fitz	roy Crossing				
√ (08) 9191 0999	30 Loch 5	Street				8) 9191 5355	Flynn Drive			



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TERMS AND CONDITIONS

1. Payment of Fees

All fees must be paid in full at the time of enrolment. Enrolment forms will not be accepted unless payment is made either in person or via receipt from the Shire office or Swimming Pool.

2. Lesson Cancellations

While we make every effort to deliver scheduled lessons, some may be cancelled due to unforeseen circumstances. In such cases, you will be offered the following options:

- A make-up lesson at an alternative time,
- A credit for the value of the cancelled lesson(s),
- A refund for the value of the cancelled lesson(s).

Please note that any credit issued must be redeemed within 12 months for swim school enrolments.

- **2.1 Refunds:** Swimming lessons are non-refundable except in cases where lessons are cancelled due to circumstances outside of our control.
- 2.2 Make-Up Lessons: To avoid disruption to other students, we do not offer make-up lessons during regular classes. Make-up lessons, if available, will be scheduled at a time determined by the Aquatic and Recreation Staff.
- 2.3 Absence from Lessons: If your child is absent due to illness, we do not offer credits unless a doctor's certificate is provided. If your child will be absent for holidays, written notice must be given to be eligible for credit or a make-up lesson.

3. Nappy Policy

All children under the age of four who are not toilet trained must wear a swimming nappy at all times when using the swimming pool. This policy is in accordance with the Derby Memorial Swimming Pool Entry Conditions.

4. Supervision

Children under 3 years of age must be accompanied in the water by an adult at all times during lessons. Children under 10 years of age must have a parent or guardian on the premises for the duration of the lesson.

5. Media Permission

Please select one of the following options regarding the use of photos of your child:

5.1	By the center (please tick only one box)
	<u>I give</u> permission for photos of my child to be used by the Shire of [Name] in promotional materials. This may include both hard copy and digital formats (online), advertising material, brochures, posters, and internal displays
	<u>I DO NOT</u> give permission for photos of my child to be used by the Shire of [Name] in promotional materials. This may include both hard copy and digital formats (online), advertising material, brochures, posters, and internatisplays.

6. By patrons

In accordance with the Derby Memorial Swimming Pool Entry Conditions, patrons are not permitted to take photos or videos in the vicinity of our aquatic's facility, unless prior consent is sought from Facility Staff and other participants.

OFFICE USE ONLY (Fee Applicable): \$13.00 per person Non-Member \$11.00 per person Member

Officers Name:		Date Payment Received		Payment Type		
Officers Signature	0.	Payment Amount		Cash EFT Receipt		
Omeers signature		r dymone Amount		ποσητ		
Derby		Fitz	Fitzroy Crossing			
 Ø (08) 9191 0999 ☑ sdwk@sdwk.wa.gov.au 30 Loch Street PO Box 94, Derby WA 6728 				 Ø (08) 9191 5355 ✓ sdwk@sdwk.wa.gov.au Flynn Drive PO Box 10 		

ABN: 99 934 203 062

Fitzroy Crossing